



1615
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TRANSMITTAL FORM

(to be used for all correspondence after initial filing)

Complete if Known

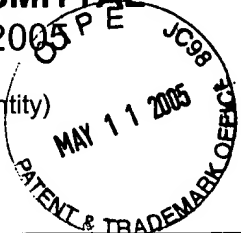
Application Number	09/774,171
Filing Date	February 1, 2001
First Named Inventor	DICKINSON
Examiner Name	SPEAR, James M.
Group Art Unit	1615
Total Number of Pages in This Submission	Attorney Docket Number 2955-134

ENCLOSURES (check all that apply)

- | | | |
|--|---|--|
| <input checked="" type="checkbox"/> Fee Transmittal Form | <input type="checkbox"/> Assignment Papers | <input type="checkbox"/> After Allowance Communication to Group |
| <input checked="" type="checkbox"/> Fee Attached | <input type="checkbox"/> Drawing(s) | <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences |
| <input checked="" type="checkbox"/> Request for Reconsideration | <input type="checkbox"/> Licensing-related Papers | <input type="checkbox"/> Appeal Communication to Group (Appeal Notice, Brief, Reply Brief) |
| <input type="checkbox"/> After Final | <input type="checkbox"/> Petition | <input type="checkbox"/> Proprietary Information |
| <input type="checkbox"/> Declaration under Rule 312 | <input type="checkbox"/> Petition to Convert to a Provisional Application | <input type="checkbox"/> Status Letter |
| <input checked="" type="checkbox"/> Extension of Time Request | <input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address | <input checked="" type="checkbox"/> Other Enclosure(s) (please identify below): |
| <input type="checkbox"/> Express Abandonment Request | <input type="checkbox"/> Terminal Disclaimer | Terminal Disclaimer |
| <input type="checkbox"/> Information Disclosure Statement | <input type="checkbox"/> Request for Refund | |
| <input type="checkbox"/> Certified Copy of Priority Document(s) | <input type="checkbox"/> CD, Number of CD(s) | |
| <input type="checkbox"/> Response to Missing Parts/ Incomplete Application | | |
| <input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53 | | |

REMARKS:

SUBMITTED BY		Complete (if applicable)			
NAME AND REG. NUMBER	Willem F. C. de Weerd, Reg. No. 51,613				
SIGNATURE		DATE	5/11/2005	DEPOSIT ACCOUNT USER ID	

FEE TRANSMITTAL for FY 2005 (Large Entity) 		Complete if Known	
		Application Number	09/774,171
		Filing Date	February 1, 2001
		First Named Inventor	DICKINSON
		Examiner Name	James J. Spear
		Group Art Unit	1615
<input type="checkbox"/> Applicant claims small entity status		Attorney Docket Number	2955-134
Total Amount of Payment	(\$250)	Confirmation Number	6529

METHOD OF PAYMENT (check one)

1. ☒ The Commissioner is hereby authorized to charge the fees indicated below or credit overpayment to Deposit Account Number 02-2135 in the name of Rothwell, Figg, Ernst & Manbeck
- ☒ Charge any additional fee required under 37 CFR 1.16 and 1.17 to Deposit Account No. 02-2135.
2. ☒ Payment by check enclosed

FEE CALCULATION

1. FILING, SEARCH AND EXAMINATION FEES

Code	Fee	Fee Description	Fee Paid
1001	300	Utility Filing Fee	[]
	790	filed before Dec. 8, 2004	[]
1111	500	Utility Search Fee	[]
1311	200	Utility Examination Fee	[]
1002	200	Design Filing Fee	[]
	350	filed before Dec. 8, 2004	[]
1112	100	Design Search Fee	[]
1312	130	Design Examination Fee	[]
1003	200	Plant Filing Fee	[]
	550	filed before Dec. 8, 2004	[]
1113	300	Plant Search Fee	[]
1313	160	Plant Examination Fee	[]
1004	300	Reissue Filing Fee	[]
	790	filed before Dec. 8, 2004	[]
1114	500	Reissue Search Filing Fee	[]
1314	600	Reissue Examination Fee	[]
1005	200	Provisional Filing Fee	[]

SUBTOTAL \$

2. CLAIMS

	Extra Claims	Fee	Fee Paid
Total Claims [] - 20* = [] x		\$50 = []	
Independent Claims [] - 3* = [] x		200 = []	
Multiple Dependent Claims +		360 = []	

*or number previously paid, if greater

SUBTOTAL \$

3. APPLICATION SIZE FEE

Total Sheets [] - 100 = []/50 = []** x \$250 =

** Number of each additional 50 or fraction thereof

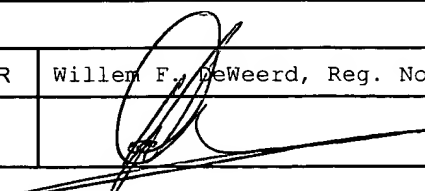
SUBTOTAL \$

FEE CALCULATION (continued)

4. ADDITIONAL FEES

Fee Code	Fee Paid	Fee Description	Fee Paid
1051	130	Surcharge - late filing fee or oath	[]
1052	50	Surcharge - late provisional filing fee or cover sheet	[]
1053	130	Non-English specification	[]
1812	2,520	For filing a request for reexamination	[]
1804	920	Requesting publication of SIR prior to Examiner action	[]
1805	1,840	Requesting publication of SIR after Examiner action (reduced by basic filing fee paid)	[]
1251	120	Extension for reply within first month	[120]
1252	450	Extension for reply within second month	[]
1253	1,020	Extension for reply within third month	[]
1254	1,590	Extension for reply within fourth month	[]
1255	2,160	Extension for reply within fifth month	[]
1401	500	Notice of Appeal	[]
1402	500	Filing a brief in support of an appeal	[]
1403	1,000	Request for Oral Hearing	[]
1451	1,510	Petition to institute a public use proceeding	[]
1452	500	Petition to revive -unavoidable	[]
1453	1,500	Petition to revive - unintentional	[]
1807	50	Processing fee under 37 CFR 1.17(q)	[]
1806	180	Submission of Information Disclosure Statement	[]
1809	790	Filing a submission after final rejection (37 CFR 1.129(a))	[]
1810	790	For each additional invention to be examined (37 CFR 1.129(b))	[]
1801	790	Request for Continued Examination (RCE)	[]
1802	900	Request for expedited examination of a design application	[]
1504	300	Publication fee for early, voluntary, or normal publication	[]
1505	300	Publication fee for republication	[]
1455	200	Filing application for patent term adjustment	[]
1456	400	Request for reinstatement of term reduced	[]
1814	130	Terminal Disclaimer	[130]
Other fee (specify)			[]

SUBTOTAL \$250

SUBMITTED BY		Complete (if applicable)	
NAME AND REG. NUMBER	Willen F. DeWeerd, Reg. No. 51,613		
SIGNATURE	DATE	DEPOSIT ACCOUNT USER ID	
	5/11/05		